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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number 09870424

Fliting Date May 30, 2002

First Named Inventor Anton-Lewis Usain

Group Art Unit 1653

Exeminer Name Anish Gupta

Attorney Docket Number 35625/234626

TECT OF INTER 1600/2900

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|--|-------------------------------|--|--------------------------------|-----------------|----------|----------------|-----------------------------------|----------------------|----------|--|
| I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application: | | | | | | | | | | |
| A Power of Attorney or Authorization of Agent is submitted herewith. OR | | | | | | | RECEI SEP 1 7 [ECH CENTER 1 | VED 2002 | | |
| Please change the correspondence address for the above-identified application to: | | | | | | | | | 600/2900 | |
| Customer Number Place Customer Number Ber Code Label hare | | | | | | | | stomer Ber Code | | |
| Firm or Individual Name Anton-Lewis Usala, MO | | | | | | | | | | |
| Address | | | | | | | | | l | |
| Address 237 Buckingham Drive | | | | | | | | | | |
| City Winterville | | | | | | | | | | |
| Country | _ | United States | | | State | NÇ | ZIP | 28590 |] | |
| Telephone | | 252-355-5571 | | | Fax | 252-355-5810 | | | | |
| I am the: | | | | | | | | | | |
| Applicant/Inventor. | | | | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3 71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | | |
| Name Anton-Lewis Usala | | | | | | | | | | |
| Signature anton-Keuro Clarko | | | | | | | | | | |
| Date | July 2 | July 22, 2002 If the inventors or seeignees of record of the entire interest or their representative(s) are required. Submit multiple | | | | | | | | |
| NOTE: Signatures of forms if more than or | f ell the inve ne signatur | ntors or sealg | naes of record of the sabblow. | entire interest | or their | representativo | e(a) are requi | red. Submit multiple | _] | |
| Total of1_ | | ns are aubmit | | | | | | |] | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. U.S. Petent and Tredemark Office, Washington, DC 20231. DD NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.